

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/16/2004

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NYR000026856

INSTALLATION NAME

HOME DEPOT THE 1259

INSTALLATION ADDRESS

579 TROY SCHENECTADY RD

LATHAM, NY 12110

MAILING ADDRESS

1905 ASTON AVE #100 CARLSBAD, CA 92008

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-3056

TO: HOME DEPOT THE 1259

or Current Occupant

ATTN: ROBERT PERKINS

1905 ASTON AVE #100 CARLSBAD, CA, 92008

change Contact

OMB#: 2050-0175 E	xpires 12/31/2003
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MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agend RCRA SUBTITLE C SITE IDENTIFICAT	ION FORM 2014 FEB 18 PM 3: 48
Reason for Submittal (See instructions on	Reason for Submittal: To provide Initial Notification of Regulated Waste Activity (to obta	RORN PROC
page 23)	waste, or used oil activities).	in an EPA ID Number for nazardous waste, universal
MARK CORRECT BOX(ES)	To provide Subsequent Notification of Regulated Waste Activity (I	
	☐ As a component of a Revised RCRA Hazardous Waste Part A Pe☐ As a component of the Hazardous Waste Report.	rmit Application (Amendment #).
Site EPA ID Number (See instructions on page 24)	EPA ID Number N Y R 0,00, 0,24 8,5 9	
3. Site Name (See instructions on page 24)	Name: The Home Depot 1259	•
4. Site Location Information (See	Street Address: 579 Troy-Schenecto	icly Roach
instructions on page 24)	City, Town, or Village: Latham	State: NU
in a set mouth that the option	County Name: Albany	Zip Code: 1210
5. Site Land Type (See instructions on page 24)	Site Land Type: County District Federal	☐ Indian ☐ Municipal ☐ State ☐ Other
6. North American Industry Classification System (NAICS) Code(s) for the	A. L+L+110	
Site (See instructions on page 24)	C. D.	
7. Site Mailing Address . (See instructions on page	Street or P. O. Box: 1905 Aston Ave Her	COC
25)	City, Town, or Village: Carsbad	Date of the second seco
	State: Co	
	Country: USA	Zip Code: 92608
E. Site Contact Person (See Instructions on page 25)	First Name: Robert MI:	Last Nam. Perkins
	Phone Number: 760.602-8839	Phone Number Extensior.
9. Legal Owner and Operator of the Site (See instructions on pages 25 to	A. Name of Site's Legal Owner: Home Depol USA	Date Became Owner (mm/dd/yyyy):
26)		Indian 🗓 Municipal 🔾 State 🗘 Other
	B. Name of Site's Operator: Home Depot U3A	Date Became Operator (mm/dd/yyyy):
	Operator Type: Private County District Federal C	Indian
is:		

						MB#: 205	0-0175	Expires	12/31/20
10. Type of Regulated Wasto Activity (MA					D No.		× .		TT
	ark the appropriate b	oxes for activities	that apply	to your site.	See instru	ictions or	n pages	26 to 30	0)
A. Hazardous Waste Activities	3								
 Generator of Hazardous Waste (Choose only one of the following 	three categories.)		*	ems 2 through		- 2 -			* v
☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or				2. Transporte					
b. SQG: 100 to 1,000 kg/mo (22 hazardous waste; or	0 - 2,200 lbs./mo.) of r	non-acute	, , , ,	3. Treater, Sto site) Note: activity.	A hazardou	poser of is waste p	Hazardo ermit is	ous Was required	ste (at yo
C. CESQG: Less than 100 kg/mo waste	(220 lbs./mo.) of non-	acute hazardous		Recycler of hazardous v	Hazardous vaste permi	s Waste (t may be r	at your : equired	site) No for this a	ote: A activity.
In addition, indicate other generate	r activities. (Mark all	that apply)		. Exempt Bo					**
☐ d. United States Importer of Haza	rdous Waste			a. Small		*			* .
e. Mixed Waste (hazardous and ra	idioactive) Generator	. ·		☐ b. Smelti			ning Furi	nace Ex	emption
			Q 6.	. Undergroun	d Injection	Control			•
3. Universal Waste Activities	* * * * * * * * * * * * * * * * * * *		C. Used	d Oil Activitie	s (Mark all	boxes th	at apply	/.)	v
Large Quantity Handler of Universal more) [refer to your State regulation Indicate types of universal waste gets.] Site: [Mark all boyses that]	ns to determine what	is maulated?	1.	Used Oil Tra	orter	Indicate	Type(s)	of Activ	vity(ies)
site. (Mark all boxes that apply):	36. ₁₁			D b. Transfe	-	:41		4	
	Generate Acc	umulate	2.	Used Oil Pro of Activity(ie	cessor and	d/or Re-re	efiner - I	ndicate	Type(s)
Batteries Pesticides		* * *		a. Proces	sor				
c. Thermostats				☐ b: Re-refir				*	
d. Lamps			□ 3.	Off-Specifica	ition Used	Oil Burne	er		
e. Other (specify)			4.	Used Oil Fue	l Marketer	- Indicate	Type(s	of Acti	ivity(ies)
f. Other (specify)		* *		a. Markete	er Who Dire	cts Shipm	ent of O	ff-Speci	fication
g. Other (specify)		E of the F		Used O	il to Off-Spe	ecification	Used Oi	l Burner	•
Da north				b. Markete Specific	er Who First	Claims th	ie Used	Oil Mee	ts the
Destination Facility for Universal Wa Note: A hazardous waste permit may be	ste required for this activ	ihy		Specific	adons .				
. Description of Hazardous Wastes (See									
					*	1			
Waste Codes for Federally Regulated Haza the order they are presented in the regulations	rdous Wastes. Pleas (e.g., D001, D003, F	e list the waste co	des of the f	Federal hazaro	dous wastes	handled	at your s	ite. List	them in
0001			1	- page il lilidie	spaces are	needed.			
0002		*						,	
2009									
016									•
2019	x 10:		* **	·					
					1	· ·			

					OMB#	: 2050	-0175	Expires 12/3	31/200
				EPA ID No.					
B. Waste Codes for State-Regul at your site. List them in the order	ated (i.e., non-Federal) Haz they are presented in the re	zardous Wastes. Ple egulations. Use an add	ase list the waste cod	des of the Sta	te-regu eded fo	lated ha	zardous codes.	wastes ha	ndled
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2. Comments (See instructions	on page 31)								
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7		was a second							
3. Certification. I certify under perstand designed to assure that qual anage the system, or those personue, accurate, and complete. I am a nowing violations. (See instruction Signature of owner, operator, or certifications).	ns directly responsible for ga ware that there are significants on page 31)	thering the information	formation submitted.	Based on my	inquiry	of the p	person o	or persons v ge and belie imprisonme	vho ef, ent for
authorized representative		Name and O	fficial Title (type or	print)				Date Sign (mm/dd/yy	
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ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/13/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NYR000026856

INSTALLATION NAME

HOME DEPOT #1259

INSTALLATION ADDRESS

579 TROY SCHENECTADY RD LATHAM, NY 12110

MAILING ADDRESS

1905 ASTON AVE #100 CARLSBAD, CA 92008

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: JACK HOYT

Tel: (212) 637-4106 Fax: (212) 637-4949

TO: HOME DEPOT #1259

or Current Occupant

ATTN: JEFF KACIREK - SPECIALIST

1905 ASTON AVE #100 CARLSBAD, CA 92008 owner owner

OCT 23 2001

Please print or type with ELNTE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/3 1/02 GSA No. 0246-EPA-OT

Pleas	e refer to	Sect	tion V.	Line-	bv-
	nstructi				
EPA	Form	870	0-12	befo	оге
comp	leting	this	form	. Т	he
	nation				
	ed by la				
	esource		serva	tion a	ınd
Recov	ery Act).			

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

(R) 130 7:

the Resource Conservation and Recovery Act). United States Environment	onmental Protection Agency
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	
A. Initial Notification B. Subsequent Notificatio (Complete item C)	C. Installation's EPA ID Number NYROOOQQ6856
II. Name of Installation (Include company and specific site nam	e)
Home De Dot 1 25	59
III. Location of Installation (Physical address not P.O. Box or Re	oute Number)
Street	
579 TROY-Schene	ctady ROAD
Street (Continued)	TO THE STATE OF TH
City or Town	State Zip Code
Latham	NY 12 (110-
County Code County Name	
IV. Installation Mailing Address (See instructions)	
Street or P.O. Box	ANGERS OF THE PARTY OF THE PARTY OF THE PARTY.
1905 ASTON AVE	# 100
City or Town	State Zip Code
Carisbad	CA 92 0 0 8 -
V. Installation Contact (Person to be contacted regarding wast	
Name (Last)	(First)
Kacirek	JEFE
Job Title	Phone Number (Area Code and Number)
SPECIALIST	760-602-8676
VI. Installation Contact Address (See instructions)	00000
A. Contact Address Location Mailing B. Street or P.O. Box	
City or Town	State Zip Code
VII. Ownership (See instructions)	
A. Name of Installation's Legal Owner	
Home Depot USA	
Street, P.O. Box, or Route Number	
2455 Paces Ferr	y Rd NW blda C-8
City or Town	State Zip Code
Atlanta	GA 3 0 3 3 9 -
Phone Number (Area Code and Number) B. Land Type	C. Owner Type D. Change of Owner Date Changed
770 - 384-2241 2	Yes No Month Day Year

EPA Form 8700-12 (Rev. 12/99)

- 1 of 2 -

edgus Warfeel By uspo.

VIII. Type of Regulate	d Waste Activity (Ma A. Hazardous Wa		ate boxes. Refer to Inst.		anagement Activities
b. 100 to 1000 kg/s	ookg/mo (2,200 lbs.) mo (220-2,200 lbs.) kg/mo (220 lbs) cate Mode in boxes only I purposes	installation required for instructions 4. Exempt Bo Furnace a. Smelting ing Furna b. Small Qu Exemptio 5. Undergroun	iler and/or Industrial , Melting, and Refin- ace Exemption antity On-Site Burner	1. Used Oil Facility - Activity(ie a. Transpe b. Transfe 2. Used Oil Indicate Ta. Process b. Re-refii 3. Off-Speci 4. Used Oil a. Markete Of Off-S Used Oil b. Markete	Transporter/Transfer Indicate Type(s) of es) orter er Facility Processor/Re-refiner - 'ype(s) of Activity(ies) sor her fication Used Oil Burner Fuel Marketer er Who Directs Shipmen il Burner er Who First Claims the il Meets the
	B. Universal Wa				
	dler of Universal Was				
IX. Description of Haz					
A. Listed Hazardous	Wastes. (See 40 CFR	261.31 - 33; See inst	ructions if you need to l	ist more than 12 was	ste codes.)
1	2	3	4	5	6
7	8	9	10	11	12
B. Characteristics of nonlisted hazardous to list more than 4 to	wastes your installatio xicity characteristic wa	n handles; See 40 Coste codes.) (List specific EPA haza	in the boxes correspon CFR Parts 261.20 - 261.20 ardous waste number(s) for	4; See instructions it	f you need
(D001) (D002)	(D003) Characteristic	1	2	3	4
C. Other Wastes. (Sta	te-regulated or other w	rastes requiring a ha	ndler to have an I.D. nui	mber; See instructio	ns.)
1	2	3	4	5	6
X. Certification	74.55				
l certify under penalty of a system designed to as: the person or persons w submitted is, to the best submitting false informa	ho manage the system	onner properly gathe , or those persons d	ir and evaluate the information of the complete of the complet	mation submitted. B	ased on my inquiry of
Signature			ial Title (Type or prin	t)	Date Signed
XI. Comments	- 30-4	VETI PHUIL		/	-10-101
W					
Note: Mail completed for	m to the appropriate EF	A Regional or State	Office. (See Section IV	of the hooklet for a	ddraccae 1

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02 GSA No. 0246-EPA-OT

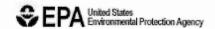
Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

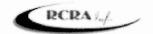
Date Received (For Official Use Only)

information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act). United States Environme	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	LESSES THE PERSON OF THE PERSO
A. Initial Notification B. Subsequent Notification (Complete item C)	C. Installation's EPA ID Number
II. Name of Installation (Include company and specific site name)	
The Home Depot 1	259
III. Location of Installation (Physical address not P.O. Box or Route	e Number)
Street	
579 Troy-Schnect	tady Road
Street (Continued)	
City or Town	State Zip Code
Latham	NVID
County Code County Name	1 1 2 1 10
County Numb	
IV. Installation Mailing Address (See instructions)	
Street or P.O. Box	
100	
City or Town	1000
	State Zip Code
Carisbad	CA 92008-
V. Installation Contact (Person to be contacted regarding waste ac	
Name (Last) (F	First)
Kacirel)eff
Job Title P	hone Number (Area Code and Number)
	160-602-8700
VI. Installation Contact Address (See instructions)	
A. Contact Address Location Mailing B. Street or P.O. Box	
N N N N N N N N N N N N N N N N N N N	
City or Town	State Zip Code
VII. Ownership (See instructions)	
A. Name of Installation's Legal Owner	
The Home DEDOT U	SA
Street, P.O. Box, or Route Number	
2455 Paces Ferre	189
City or Town	State Zip Code
Atlanta	60 2 3 3 3 6
	C. Owner Type D. Change of Owner Indicator Date Changed Month Day Year
- - - - - - - - -	Indicator Month Day Year Yes No No
7 70 - 384 - 2341	

an						
III. Type of Regulated V	Vaste Activity (Mar A. Hazardous Wa			. Refer to Inst		nagement Activities
1. Generator (See Instrance a. Greater than 1000 b. 100 to 1000 kg/mo c. Less than 100 kg/r 2. Transporter (Indicat 1-5 below) a. For own waste onl b. For commercial put Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	kg/mo (2,200 lbs.) (220-2,200 lbs.) no (220 lbs) e Mode in boxes	ins receipts for the control of the	eater, Storer, Ditallation) Note: puired for this attructions. empt Boiler and/rnace Smelting, Melting ng Furnace Exem Small Quantity On Exemption derground Injective.	A permit is activity, see or Industrial , and Refinption and Issue Burner	1. Used Oil Facility - I Activity(ie	Fransporter/Transfer ndicate Type(s) of s) orter r Facility Processor/Re-refiner -ype(s) of Activity(ies) or er ication Used Oil Burnefuel Marketer r Who Directs Shipmel pecification Used Oil to I Burner r Who First Claims the I Meets the
Large Quantity Handle	er of Universal Was	te				
K. Description of Hazard Listed Hazardous Wa					list more than 12 was	te codes.)
1	2	3		4	5	6
7	8	9		10	11	12
3. Characteristics of Nonnonlisted hazardous was to list more than 4 toxic (nitable 2. Corrosive 3. Re (D001) (D002) (D	active 4.Toxicity 003) Characteristic	n handles; ste codes.) (List specific	EPA hazardous was	261.20 - 261.20 te number(s) for 2	the Toxicity Characteris	tic contaminant(s))
Certification						
certification certify under penalty of law system designed to assur- te person or persons who abmitted is, to the best of abmitting false information ignature	manage the system my knowledge and h	onnel prope , or those p pelief, true, sibility of fir Name a	erly gather and eva ersons directly re accurate, and com- ne and imprisonment and Official Title	luate the information sponsible for splete. I am award for knowing (Type or pring)	mation submitted. Be gathering the information are significant that there are significant to the submitted of the submitted o	ased on my inquiry of ation, the information prificant penalties for Date Signed
. Comments		VEFF	KAUREK	SPEC	HALIST	10/8/01
. Comments						



Handler Information



SKI MARKET

LATHAM

NYR000026856

Select the information to process:

Basic Handler Information								
Handler Id	Handler Name	Facility Identifier	Extract Flag	Region	State	Universes		
NYR000026856	SKI MARKET		X	02	NY	CEG ▼		

Previous Name Information					
Act Loc	Receive Date	Handler Name			

	Location Address Information									
Act Loc	Street No.	Street	City	County	State	Zip	Land Type	State District		
NY	579	TROY SCHENECTADY RD	LATHAM	ALBANY	NY	12110	Р	NYSDEC R4		

		Mailing Address Infor	mation		
Act Loc	Street No.	Street	City	State	Zip
NY	579	TROY SCHENECTADY RD	LATHAM	NY	12110

				Add Contact					
Act Loc	Туре	Title	First Name	Last Name	Phone	Street	City	State	Zip
NY	N	ACCTS PAY MGR	BRIAN	SMITH	781-890-1212	135 2ND AVE	WALTHAM	MA	02154

					Owner In	formation			Add Owne	
Act Loc	Seq	Indicator	Туре	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip
NY	1	РО	Р	2/2/1998	HECHINGER - HOME QUARTERS	301-341-1000	3500 PENNSYLVANIA DR	LANDOVER	MD	20785
NY	2	СО	Р		AMB PROPERTY ASSOCIATED	518-785-5593	579 TROY-SCHENECTADY RD	LATHAM	NY	12110

	Operator Information						Add Operator			
Act Loc	Seq	Indicator	Туре	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip

			Add/L	Jpdate Mis Informat	scellaneous ion				
Act Loc	Previous Id	Second Id	Ack Flag	Ack Date	River Basin	TSD Date	Non-notifier	Off-site receipt	Accessibility
NY		***************************************		5/24/1999	· ·			***************************************	

	Locati	on Coordinates	<u>Add/Update</u> <u>Latitude/Longitude</u>
Act Loc	Source	Latitude Measure	Longitude Measure
NY			

			Environmental Priority Ranking Add EPR	
Act Loc	EPR Date	EPR Status	EPR Notes	

	SIC Information						
Act Loc	Seq	Source	Code	Primary			

			Other Permit Information Add Other Permit	
Act Loc	Number	Type	Permit Description	

Activity Summary Information								Add Activity		
Act Loc	Source	Seq	Receipt Date	Gen - Fed Reg.	Trans - Fed Reg.	TSD - Fed Reg.	HW Fuel - Fed Reg.	Used Oil - Fed Reg.	UIC	Recy
NY	N	1	4/22/1999	CESQG - R	_	-	-	-		

	Hazardous Wast		<u>A</u>	dd Waste Stream	1	
Act Loc	Sequence	Source	Date	Amount	Unit of Measure	Desc
NY	<u>0001</u>	N	7/18/1996	j o		

Go To	▼

URL: /Handler/HAND_info_main.asp



1905 Aston Avenue #100 Carlsbad, CA 92008 (800) 360-3220 Phone (760) 602-8854 Fax

Pax Cover Sheet

To: Natl	Λάν		Fax:	212-1	037-30	556		
From: Do	nna Southard		Date:	nov.	6,200	-		,
RO: EPA	ID#f	or HDI	AG Page	s: ①				
CC:	***							•
X Urgent	☐ For Re	view C] Please Comme	nt XP	lease Reply	□ Ple	ase Recycle	
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_ Pleas	& CALL	7160	·1002.86	الله ل	oith E	-PA	NUM	per
						TUR	anks	

NATHEN-

HERE IS the clate that was needed to process the paperwork for the EPA ID number. The date is January 17,2000. This is when Home Depot purchased the Property from Ski Market.

Any questions pls come

).1007 810JT6



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/24/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →

NYR000026856

INSTALLATION NAME →

SKI MARKET

INSTALLATION ADDRESS →

579 TROY SCHENECTADY RD LATHAM, NY 12110

MAILING ADDRESS →

579 TROY SCHENECTADY RD LATHAM, NY 12110

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 2 290 BROADWAY, 22nd Floor NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION RCRA PROGRAMS BRANCH

TO: SMITH, BRIAN
ACCTS PAY MGR
135 2ND AVE
WALTHAM, MA 02154

The Later	Please print or type with EL	TE A To av	roid delays in Ly original sig	processing, p	please complete	e all sect	Mione
To see	Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).	EPA	Notificat Wa	ion of Reg ste Activit	ulated 11	Date Rec (For Official I	eived
	L Installation's EPA ID Nu	Imber (Mark X' in the a	ppropriate box)				
\$ E.E.	A. First Notification	·- (Comple	tent Notification te item C	NYR I	tallation's EPA ID No	10 0 15	10.
3	IL Name of Installation (In	clude company and spe	cific ute name)				
, Ø <	III. Location of Installation	Requires Build	ling Number				J.R. J.S.
\sim	III. Location of Installation	Julio Ballo	ing number or	Latitude and	Longitude for	processin	g. ·
hange	5 7 9 TR	94-3CH	ENECT	- ADVI	PDI		i T
3	LATHAM		 			last d	<u> </u>
0	City of Town			State	121110		
	LATHAM			INN	Zip Code		
	COUNTY County Nam	e	TO but a least W	rues mythi listina			
	V. Installation Mailing Add	E4 65 25 36		A NEW Y		i ! I -I	-11
and the second	Street or P.O. Box	iless					
90:	SAMELL	. 14					
	City or Town			State 1	Zip Code	-82	11
5 ~	41.				Zip Code		- 1 - 1
(22 MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN	V. Installation Contact (Per	son to be contacted reg	parding waste activitie	es at site)		AVANES MENER	STEEL STEEL
	Name (Last)			150 (781) 80	10-1212	X 214	STATE OF
~	S M I TH -			NAIPAIS			-1-1-
	RCCOUNT	131 DAN	Pho Pho	ne Number (Area C	ode and Number)		
and the second second	VI. Installation Contact Add	iress		MA NA DE		William Control	
	A Contract Address Location Mailing Other B. S	treet or P.O. Box		01-10-10-10-10-10-10-10-10-10-10-10-10-1			经验
	City or Town	5 SECO	NO AVE	INVE			
allege out any little	WALLHAM		11 1 1 1 1 1	State 2	ip Code		-ii -
8 N	/II. Ownership PROPER	Y 1808	** Affair of State State and State a	MAO	2154		·TT
h A	Name of Installation's Lega					建筑和 加度	E VIII
Y	AMB PPO	PERTY	IASSOC	INATO	D 1 1 1 1 1	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
b . s	Street, P.O. Box, of Route Nu	mber	TAIGIGIC	1-1-1-1-1	P-1-1	·-[44.
785-5553	579 TRO	Y-SCH	ENELT	ADY	RDII	111	11
· C2	City or Town	AVG LONE D		State Zi	Code		
3/2 P	Phone Number (Area Code and	od Numbers	B. Land Type C.	Owner Type D. Ci	21110	- 2	TT
	5187855	593		Yes	lange of Owner Indicator A	Aonth Day	9 8
/		Ek Hoyt, AMED, RI York, NY 10007-	PA, Region 2,	290 Broadway	22 F1.		110
.1	address veryled	2	101, (2	12) 001 4100			
	LSP ostal Offile C	39		.*	-		

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

NAME OF WASTE STREAM

MATERIAL PROFILE '

SAFETY-KLEEN

BLASOCUT SLUDGE

SAFETY-KLEEN	E	BLASOCUT S	SLUDGE		:	SKI12-00	2
New Amendment, Mll & I	D# 010	ag [] sag	□ CSQG	Ex	piration: 04/16	i/01	
A. GENERATOR INFORMATION		Technical Conta	et CHRIS SMITH				
Generator Name SKI MARKET/UNDERGROUND SNOWBO	ARD STORE #3	Telephone(518)	785-5593		EXT		
Facility Address		Fax()					
579 TROY SCHENECTADY ROAD		Billing Name SI	KI MARKET LTD. INC.				
LATHAM FARMS SHOPPING CENTER		Billing Address	135 SECOND AVEN	UE			
City/County LATHAM / 02 ALBANY		-					
State NY Zip Code 1		City WALTHA			State MA	Zip Code <u>0</u>	2154.
USEPA ID#			OLYN BLAZKOWSKI				
State ID#		Telephone(781)	890-121		EXT		
B. DOT Shipping Name State regulated oil waste			D. ANNUAL REPORT	CODES	E. OTHER CO	OMPONENTS	
Tech. Can.						No Ye	s Total pom
Hazard Class Zone Label Req TOXIC			20000000	<u>6</u> <u>9</u> <u>9</u>	PCB's		J
UN/NA No. SRO Packing Group RQ			Source Code: A		Cyanides	Ø * C	
			70 A NO THE WORLD	1 0 2	Sulfides	Ø [
	No Process Generati	ng:	Origin Code 1		Pesticides	Ø (
SKI TUNEUP			System Type: M	1 4 1	Phenolics	8	7.7
State Waste Codes: EPA Waste C	Codes: MA01				Dioxins	<u> </u>	
					Halogens	Ø [J%
F. PHYSICAL CHARACTERISTICS AT 70° F							
1. Infectious or Biological Waste?	Dry Weight ☐ 1 pH ☐ N/A ☐ 0-2	1.5% <u>2</u>	bs./cu. foot -20% -0-100% 	<40 >40,< 4. Material p Oral Toxicity	200 🛭 > 100 oisonous by in LD ₅₀ (Mg/Kg) < 5	, <u><</u> 1000 0 halation? □ >5,<5	□ Yes Ø No O
□ Gas (Cylinder) □ Solid % □ Aerosol □ Sludges % □ Lab-Pack ☒ Free Liquids 100 % 100%	Flash Point (liquid only < 73°F (23°C) 73-140°F (23-60°C) 142-200°F (61-93	Boi	ling Point < 95°F (35°C) > 95°F (35°C)	Liquids:		∅ >500	Yes 🐼 No
Layers	☑ > 200°F (93°C)		Exact		ste pumpable?		X Yes 🗌 No
Single Layered & Bi-layered Multi-layered	Exact				ste polymerizal		☐ Yes 🛭 No
Viscosity	ВТИЛЬ.			AND AND TOTAL SECTION OF THE PARTY OF THE PA	tream subject for Benzene V		
			orre		1 Subpart PF)		☐ Yes 🛛 No
☐ None ☑ Mild ☐ Strong Describe:	H. PHYSICAL/CHEMIC Water	LAL CONSTITUE	1.00-25.00%		ste regulated a		
	******			A STATE OF THE PARTY OF THE PAR	(40 CFR part		☐ Yes 🖾 No
Color/Appearance: GREEN/CLEAR	Sulfonic acids, petroleum	, sodium salts	< 5.00%		waste contair nan 2 inches in		Yes No
	Olls. vegetable		< 5,00%			×	
G. METALS	Severely hydrotroated mi	neral oil	5.00-15.00%	I, ANTICIPA	TED VOLUME		
NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)	Dyes. non TRI		<1.00%	Oty.	Container	Oty.	Container
Reg. Limit Below Above Range	Dyus, non tri					CLi.	Vard Ray
Arsenic 5 mg/L 🔲 🔲	Plastic Dobris		40.00-60.00%		5 gl. pail □ 5 gl. carboy□	Cubic	r Sack
Barium					30 gl. drum		ff/Dump Trailer
Chromium 5 mg/L	Steel filingsMORE CONSTITUEN	ITS ON CONTINUES	40.00-60.00%		55 gl, drum 🛚	Tank	
Copper 🖸 🞵	MICHE CONSTITUEN	TIO OIL CONTINOATI		s	35 gl. drum 💭	Othe	·
Lead S mg/L	-	-					
Moreury 0.2 mg/L				Per 🗆 1	Time	Weck	☐ Month
Selenium 1 mg/L []				A 100 CO. St.		Other AN	
Silver 5 nig/L 🗍 🗎							
Zinc 🔲 🗀	The specimens were to be seen			/4\ la +bi	aste regulated	ge a Marine I	Pollutant
Others:	(Attach All MSDS	5, Sample Analysis	and Additional Into.)			Yes & No	

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature:

NAME OF WASTE STREAM

MATERIAL PROFILE NO.

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	$V_{-}K$,,,
OH	Y-K		, v

BLASOCUT LIQUID

SKI12-001

New Ameridmen Meldo I	7)# 0100 0s	as 🗆 csas	Expiration; 04/15/01
A. GENERATOR INFORMATION Generator Name SKI MARKET/UNDERGROUND SNOWBOA Facility Address 579 TROY SCHENECTADY ROAD LATHAM FARMS SHOPPING CENTER City/County LATHAM / 02 ALBANY State NY Zip Code 12 USEPA ID# State ID#	RD STORE #3 Telephone Fax() Billing Nat Billing Ad City W Attention	THE SKI MARKET LTD, INC. dress 135 SECOND AVENU ALTHAM CAROLYN BLAZKOWSKI (781) 890-121	State MA Zip Code 02154-
B. <u>DOT</u> Shipping Name State regulated oil waste Tech, Con. Hazard Class Zone Label Req TOXIC UN/NA No. SRO Packing Group RO		Source Code: A	No Yes Total ppm 6 9 9 PCB's ☒ ☐ 3 7 Cyanides ☒ □ 1 0 2 Sulfides ☒ □
SKI TUNEUP State Waste Codes; EPA Waste Codes	No Process Generating:	Origin Code 1 System Type: M	Pesticides
F. PHYSICAL CHARACTERISTICS AT 70° F 1. Infectious or Biological Waste? Yes No 2. NRC Regulated Radioactive? Yes No 3. Reactivity None Water Reactive	Weight Density 7-9 bs./gal.(US,liq) Dry Weight < 1.0% 1-5% PH N/A 0-2 4.1-10 2.1-4 10.1-12.4 Flash Point (liquid only) <73°F (23°C) 73°H (23°C) 42-200°F (61-93°C) 5×3ct BTU/L5. H. PHYSICAUCHEMICAL CONS Water Sulfanic acids, perclaum, sodium salta Oils, vegetable Severely hydratroated mineral oil Dyas, non TRI	85.00-95.00%	Dermal Toxicity LD ₅₀ (Mg/Kg)
Reg. Limit Below Above Range	Plastic Debris Steel filings MORE CONSTITUENTS ON CON	1.00-5.00% 1.00-5.00% TINUATION SHEET**	5 gl. pail Cubic Yard Box* 15 gl. carboy Super Sack* 30 gl. drum Rolloft/Dump Trailer* 2.00
Generator's Certification:	(Attach All MSDS, Sample A	nalysis and Additional Info.)	determine that no deliberate or willful emissions of

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omission composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature:___

_ Date ___

135 Second Avenue Waltham, MA 02451 Tel: 781-890-1212 x 314 Fax: 781-890-1811 E-Mail: skmkt @ aol.com

The Ski Market, Ltd.

April 19, 1999

Environmental Protection Agency DEPP, Region 2 290 Broadway, 22 Fl. New York, NY 10007-1866

Mr. Hoyt,

I am forwarding you the requested information in order to obtain an EPA ID number for our Latham, NY. location. I have also included copies of our manifests that were generated by Safety-Kleen. I appreciate you calling me upon receipt of this paperwork – I'm trying to schedule a pick-up by the end of the week. Thanks for your help.

Sincerely,

Brian A. Smith Accounts Payable Manager

**************************************	**	
RCRIS: Notification Add/Update Screen 2	*	
********************************	**	
EPA ID: NYR000026856 Other ID: Merge Send: Y	*	
Date Received(MMDDYY): 071896 Source(N/E/S): N-Non-Notifier Flag	:	*
Date Acknowledged (MMDDYYYY): 07221996 Send Acknowledgement:		*
Name of Installation: HECHINGER — HOME QUARTERS #7247		*
1-1-11-11-11-11-11-11-11-11-11-11-11-11	*	
Streets: 579 TROY SCHENECTADY RD	*	
City: LATHAM State: NY Zip: 12110	*	
County Code: 001 County Name: ALBANY	k	k
Installation Mailing Address (Type 'SAME' if same as Above)	*	
Streets: 4920 CARROLL CANYON RD	*	
City: SAN DIEGO State: CA Zip: 92121	*	
Contact Information	*	
	0)*	
E Last Name First Name Title Phone Address(M,L EKAUTZ JODI HAZ MAT SPEC 6196770150 N	, O) **	¥
Streets: 4920 CARROLL CANYON RD	(I	T
City: SAN DIEGO State: CA Zip: 92121	*	
Land Type: P	Λ	
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***************************************	**	
RCRIS: Notification Add/Update Screen 3	*	
***************************************	**	
EPA ID: NYR000026856 Other ID: Source: N	*	
	*	
Owner Sequence Number: 1	*	
Ownership: HECHINGER - HOME QUARTERS Type of Owner	r: P	*
	*	
	*	
Address of Owner	*	
	*	
Street: 3500 PENNSYLVANIA DR	*	
City: LANDOVER State: MD Zip Code 20785	*	
Phone: 3013411000	*	
	*	
Current/Previous Indicator: CO Change Date(MMDDYY):	*	
	*	
	*	
	*	
***************************************	k *	
Enter-Continue F3-Exit F4-Exit Group Process F5-Curr. Own	ner *	:
F6-Prev. Owner F8-Help F9-First F10-Next	*	
44444444444444444444444444444444444444	TP.	

Yen = 3/R W.C. DOO1, DO 02, boo3



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/22/96

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYR000026856

FACILITY NAME -> HECHINGER - HOME QUARTERS #7247

MAILING ADDRESS -> 4920 CARROLL CANYON RD SAN DIEGO, CA 92121

INSTALLATION ADDRESS -> 579 TROY SCHENECTADY RD LATHAM, NY 12110

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

TO: KAUTZ, JODI HAZ MAT SPEC HECHINGER - HOME QUARTERS #7247 4920 CARROLL CANYON RD SAN DIEGO, CA 92121

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions Flease reter to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

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		ID - For Official Use Only
•	*	
VIII. Type of Regulated Waste Activity (M	ark 'X' in the appropriate boxes; Refer to Inst	tructions)
A. Hazardous V	Vaste Activity	B. Used Oil Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rall 3. Highway 4. Water 5. Other - specify	□ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel □ a. Generator Marketing to Burner □ b. Other Marketers □ c. Boilerand/orIndustrial Furnace □ 1. Smelter Deferral □ 2. Small Quantity Exemption Indicate Type of Combustion Device(s) □ 1. Utility Boiler □ 2. Industrial Boiler □ 3. Industrial Furnace □ 5. Underground Injection Control	1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) a. Utility Boiler b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(les) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) a. Process b. Re-refine
IX. Description of Hazardous Wastes (Usa	additional sheets if necessary)	
1. Ignitable 2. Corrosive 3. Reactive 4. T	oxicity Characteristic (List specific EPA hazardous waste nu 261.31 - 33; See instructions if you need to lis 3 4 9 10	sumber(s) for the Toxicity characteristic contaminant(s)) st more than 12 waste codes.) 5 6 11 12
X. Certification	eric (n. 1900ad), and the Salah Sala	
I certify under penalty of law that this document system designed to assure that qualified persons or persons who manage the system, or those pe best of my knowledge and belief, true, accurate, a including the possibility of fine and imprisonm	nel properly gather and evaluate the information rsons directly responsible for gathering the inf and complete. I am aware that there are signific	submitted. Based on my inquiry of the person
Signature	Name and Official Title (Type or prin	nt) Date Signed
Sout auch	Jodi Kautz/Haz. Mat. Special	ist 6/21/96
		7
Xi. Comments		
THIS BUSINESS (BUILDING MATERIALS QUANTITIES OF HAZARDOUS WASTE M OF CONSUMER PACKAGED PRODUCTS Note: Mail completed form to the appropriate Eff	MAY BE GENERATED AS A RESULT (OF SPORADIC, ACCIDENTAL SPILLS
	A magnetial of otate office. (See Section III o	ine bookiet for addresses.)

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 2, 2015 - 12:38 PM

Version 5.0

User Selection Criteria

Location:

New York, all activities

Activity Location:

None Chosen

Handler ID:

NYR000026856

Group of IDs:

None Chosen

Handler Name:

Handler Universe:

All Facilities Regardless of Universe

Determined Date Range: From: 10/01/1980 To: 03/02/2015

Location County Code: None Chosen

Evaluation Type:

Location City:

Focus Area:

Location Zip Code:

Violation Type:

State District:

None Chosen

Display Code Descrip.: Yes

Sort Order:

Region, State, Handler Name

Display Universes:

Yes

Results

Data meeting the criteria you selected follows.

Total Pages:6

Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name:

cme foia.rdf

Developed by:

EPA Headquarters, Office of Enforcement and Compliance Assurance

Deployed: Last Updated:

June 2006 May 2012

Contact:

rcrainfo.help@epa.gov

Tables Used:

cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups

Libraries:

none

Report run on: March 2, 2015 - 12:38 PM

HOME DEPOT USA INC HD12		County Na	me / Code: ALBANY	′ / NY001		NYR00002685
ocation: 579 TROY-SCHENECTADY						REGION 02
failing: 1905 ASTON AVE - SUITE 1	00; CARLSBAD, CA 92008					
	State District: NYSDEC R4	Accessibility:	Non-N	Notifier:	Extract Flag:	Y Active Site: Y
enerator: SQG hort-Term Gen: N ull Enforcement:	Transporter: N Transfer Facility: N Converter:	Operating TSDF: Offsite Receiver: State Unaddressed S	N H	C In Place: ISM: EPA Unaddressed SNC:	N N N	EI Indicator (HE / GW)N / N Subpart K:
A Wrkld: N ctive State Gen: N	State TSDF:	State Addressed SNC State SNC w/Comp S	·	EPA Addressed SNC: EPA SNC w/Comp Sche	N d: N	
Violation: Activity Location: NY Scheduled Compliance Date: Citation Information: Seq # Ty 1 ST		Determined Date: 03/05/2009 actual Compliance Date: 03/05/200 Citation 372.2(b)(5)(ii)		by Agency: State RTC Qualifier: DOCUME		onsible Agency: State Sequence Number: 7
CEI Evaluation 03/05/2009 Citizen Complaint: NO	Activity Location: NY Multimedia Inspection: N	By: State Ide	entifier: 001 Not Subtitle C: N	Person: NYJHK O Day Zero:	Branch: R4 03/05/2009	Found Violation: YES Focus Area:
Enforcement: Activity Location Docket: CA Component: N	•	Agency: State	ction Date: 03/05/20 Responsible Pe Appeal Initia	rson: NYJHK	Identifier: 00 Branch: R	1.5
(iolation: Activity Location: NY Scheduled Compliance Date: Former Citation - SR - 374-3.2(d)(4	Type: 262.A A) & (f)(3)	Determined Date: 06/10/2005 ctual Compliance Date: 07/27/200		by Agency: State RTC Qualifier: DOCUME		onsible Agency: State Sequence Number: 1
CEI Evaluation 06/10/2005 Citizen Complaint: NO	Activity Location: NY Multimedia Inspection: N		entifier: 001 Not Subtitle C: N	Person: NYCVR IO Day Zero:	Branch: R4	Found Violation: YES Focus Area:
Enforcement: Activity Location: Docket:		Agency: State	ction Date: 07/22/20 Responsible Pe		Identifier: 00 Branch: R	
CA Component: N Enforcement: Activity Location: Docket:			Appeal Initia ction Date: 06/21/20 Responsible Pel	005	Identifier: 00 Branch: R	
CA Component: N	Disposition Status	S: .	Appeal Initia	ted:	Α	Appeal Resolved:
(iolation: Activity Location: NY Scheduled Compliance Date: Former Citation - SR - 373-3.3(g)(1)	Type: 262.A A	Determined Date: 06/10/2005 ctual Compliance Date: 07/27/200		by Agency: State RTC Qualifier: DOCUME		onsible Agency: State Sequence Number: 2
	Activity Location: NY		ntifier: 001	Person: NYCVR	Branch: R4	Found Violation: YES Focus Area:
CEI Evaluation 06/10/2005 Citizen Complaint: NO	Multimedia Inspection: No	Sampling: NO	Not Subtitle C: N	O Day Zero:		i ocus Alea.
	Multimedia Inspection: NO NY Ty	pe: 120 Ac Agency: State	ction Date: 07/22/20 Responsible Per	05	Identifier: 00° Branch: R4	1944 - Mario Carlo (1964) (1964) - 1944 - 1945 - 1946) (1946) - 1946)

^{*} Note: Penalty amount may not reflect all violations cited.

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Enforcement: Activity Location: Docket: CA Component: N	NY Type: 120 Agency: State Disposition Status:	Action Date: 06/21/2005 Responsible Person: NYCVR Appeal Initiated:	Identifier: 001 Branch: R4 Appeal Resolved:
/iolation: Activity Location: NY Scheduled Compliance Date: Former Citation - SR - 373-3.9(d)(3)	Type: 262.A Determined Date: 06/10/2 Actual Compliance Date: 07/		Responsible Agency: State MENTED Sequence Number: 3
CEI Evaluation 06/10/2005 Citizen Complaint: NO	Activity Location: NY By: State Multimedia Inspection: NO Sampling: NO	Identifier: 001 Person: NYCVR Not Subtitle C: NO Day Zero	Branch: R4 Found Violation: YES Focus Area:
Enforcement: Activity Location: Docket: CA Component: N Enforcement: Activity Location: Docket: CA Component: N	Agency: State Disposition Status:	Action Date: 07/22/2005 Responsible Person: NYCVR Appeal Initiated: Action Date: 06/21/2005 Responsible Person: NYCVR Appeal Initiated:	Identifier: 001 Branch: R4 Appeal Resolved: Identifier: 001 Branch: R4 Appeal Resolved:
olation: Activity Location: NY Scheduled Compliance Date: Former Citation - SR - 372.2(b)(2)(i) CEI Evaluation 06/10/2005 Citizen Complaint: NO	Activity Location: NY By: State	RTC Qualifier: DOCUM Identifier: 001 Person: NYCVR	Branch: R4 Found Violation: YES
Enforcement: Activity Location: Docket: CA Component: N Enforcement: Activity Location: Docket: CA Component: N	Agency: State Disposition Status:	Not Subtitle C: NO Day Zero: Action Date: 07/22/2005 Responsible Person: NYCVR Appeal Initiated: Action Date: 06/21/2005 Responsible Person: NYCVR Appeal Initiated:	Identifier: 001 Branch: R4 Appeal Resolved: Identifier: 001 Branch: R4 Appeal Resolved:
iolation: Activity Location: NY Scheduled Compliance Date: Former Citation - SR - 372.2(a)(8)(iii)	Type: 262.A Determined Date: 06/10/20 Actual Compliance Date: 07/2 (d)	J. Golloj. Olalo	Responsible Agency: State ENTED Sequence Number: 5
CEI Evaluation 06/10/2005 Citizen Complaint: NO	Activity Location: NY By: State Multimedia Inspection: NO Sampling: NO	Identifier: 001 Person: NYCVR Not Subtitle C: NO Day Zero:	Branch: R4 Found Violation: YES Focus Area:
Enforcement: Activity Location: Docket: CA Component: N	NY Type: 120 Agency: State Disposition Status:	Action Date: 07/22/2005 Responsible Person: NYCVR Appeal Initiated:	Identifier: 001 Branch: R4 Appeal Resolved:

^{*} Note: Penalty amount may not reflect all violations cited.

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Enforcement: Activity Local Docket: CA Component: N		oe: 120 gency: State :	Action Date: 06/21/2005 Responsible Person: Appeal Initiated:		
iolation: Activity Location: NY Scheduled Compliance Date: Former Citation - SR - 372.2(a)	Type: 262.A Ac ()(iii)(e)	Determined Date: 06/10/2 tual Compliance Date: 07/2	Dotonimiou by rigo	ency: State Resp ualifier: DOCUMENTED	consible Agency: State Sequence Number: 6
CEI Evaluation 06/10/2005 Citizen Complaint: NO	Activity Location: NY Multimedia Inspection: NC	By: State Sampling: NO	Identifier: 001 Person	on: NYCVR Branch: R4 Day Zero:	Found Violation: YES Focus Area:
Enforcement: Activity Locat Docket: CA Component: N Enforcement: Activity Locat Docket: CA Component: N	Disposition Status	e: 120 gency: State	Action Date: 07/22/2005 Responsible Person: I Appeal Initiated: Action Date: 06/21/2005 Responsible Person: I Appeal Initiated:	ldentifier: 00 NYCVR Branch: R	R4 Appeal Resolved: 01

^{*} End of Report *

Total Number of Activity Locations:

^{*} Note: Penalty amount may not reflect all violations cited.

Description of codes used on the report:

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Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
El Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

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Description of codes used on the report:

Code	Description
В	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
С	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L .	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:		
Code	Description	
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.	
0	indicates that the handler is a former non-notifier.	
X	indicates that the handler is a non-notifier.	

Violation Type	Description	
262.A	GENERATORS - GENERAL	
262.B	GENERATORS - MANIFEST	
XXS	STATE STATUTE OR REGULATION	

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL

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